



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Kalanihuia,	Janice		(808) 567-6288
MAILING ADDRESS (Street)			FAX
P.O. BOX 210			N/A
(City)	(State)	(Zip Code)	
Kualapuu,	HI	96757	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Molokai General Hospital			(808) 553-3123
MAILING ADDRESS (Street)			FAX
P.O. Box 408			(808) 553-3182
(City)	(State)	(Zip Code)	
Kaunakakai,	HI	96748	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE (808) 553-5331
Molokai General Hospital			
MAILING ADDRESS (Street)			FAX (808) 553-3133
P.O. Box 408 280 Homeolu Place			
(City)	(State)	(Zip Code)	
Kaunakakai,	HI	96748	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE (808) 553-3125
Jerry Clemente			
MAILING ADDRESS (Street)			FAX (808) 553-3168
P.O. Box 408			
(City)	(State)	(Zip Code)	
Kaunakakai,	HI	96748	

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**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Gary A. Okamoto, M.D.		Board President/Chairperson	
NAME OF ORGANIZATION (if applicable)		TELEPHONE (808) 535-8731	
Queen's Health Systems			
MAILING ADDRESS (Street)		FAX (808) 535-8733	
1099 Alakea Street, Suite 1100			
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
(Signature of Authorizing Officer or Person Represented)		(Date)	
		2-8-05	